# **QUARTERLY STATEMENT** OF THE **DELTA DENTAL** OF RHODE ISLAND of\_\_\_\_\_PROVIDENCE in the state of \_\_\_\_\_\_RHODE ISLAND TO THE **Insurance Department** OF THE **STATE OF RHODE ISLAND** FOR THE QUARTER ENDED March 31, 2006

**HEALTH** 



#### **HEALTH QUARTERLY STATEMENT**

AS OF MARCH 31, 2006

OF THE CONDITION AND AFFAIRS OF THE

#### DELTA DENTAL OF RHODE ISLAND

Country of Domicile	NAIC Group Code 1571 (Current Period)	1571 NAIC Company C		yer's ID Number05-0296998
Licensed as business type:   Life Acciont 8 Health   [1]   Poper Poper   1]   Heaptiful Mode at 5 Dortal Survice or Indominal Member of Corporation   1   Heaptiful Mode at 5 Dortal Survice or Indominal Member of Corporation   1   Heaptiful Mode at 5 Dortal Survice or Indominal Member of Corporation   1   Heaptiful Mode at 5 Dortal Survice or Indominal Member of Corporation   1   Heaptiful Mode at 5 Dortal Survice or Indominal Member of Corporation   1   Heaptiful Mode at 5 Dortal Survice or Indominal Member of Corporation   1   Heaptiful Member of Corporat	_		_ , State of Domicile or Port of	T Entry RHODE ISLAND
Dental Sandes Corporation   March   Sandes Corporation   March   Health Mainterance Organization   Legislation	Country of Domicile UNITED	D STATES OF AMERICA		
		Dental Service Corporation [X] Vision	Service Corporation [] Healt	th Maintenance Organization [
Main Administrative Office: 10 CHARLES STREET PROVIDENCE, RI 102604 401-752-6000  Mail Address: 10 CHARLES STREET PROVIDENCE, RI 102604  Primary Location of Books and Records: 10 CHARLES STREET PROVIDENCE, RI 102604 401-752-6000  Internet Website Address: 10 CHARLES STREET PROVIDENCE, RI 102604 401-752-6000  Statutory Statement Contact: 10 CHARLES STREET PROVIDENCE, RI 102604 401-752-6000  Statutory Statement Contact: 10 CHARLES STREET PROVIDENCE, RI 102604 401-752-6000  Policyowner Relations Contact: 1000-000-0000  OFFICERS  Name Title PRESIDENT  2 KATHEYN MI, SHANLEY SECRETARY  3 RICHARD A FRITZ TEASURER  Vice-Presidents  Name Title  GREGORY LUBBIC MP - UNDERWRITING RICHARD A FRITZ MP - FINANCE  STEPHEN J, SPERANDIO MP - OPERATIONS/ADMINISTRATION  DIRECTORS OR TRUSTEES  EWARD ALMON MARIA MASCOLLA, DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES  EWARD ALMON MARIA MASCOLLA, DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES  EWARD ALMON MARIA MASCOLLA, DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES  EWARD ALMON MARIA MASCOLLA, DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES  EWARD ALMON MARIA MASCOLLA, DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES  EWARD ALMON MARIA MASCOLLA, DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES MARIA MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES MARIA MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT STEPHEN J, SPERANDIO MP - SALES MARIA MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER # PRESIDENT MASCOLLA DMO PHILLIP C, BARNER DOS FRED K, BUTLER M, BUTLER M, B	Incorporated/Organized: Oc	tober 22, 1959	Commenced Business: Apr	ril 1, 1966
Mail Address: 10 CHARLES STREET RROWDENCE. RI 02904 Primary Location of Books and Records: 10 CHARLES STREET PROVIDENCE, RI 02004 401-752-6000 Internet Website Address: www.deltadealacom	Statutory Home Office: 10 CI	HARLES STREET PROVIDENCE, RI 0.	2904	
Primary Location of Books and Records:	Main Administrative Office:1	0 CHARLES STREET PROVIDENCE, RI	02904 401-752-6000	
Internet Website Address:   xww.delatasintatin.com   yebsite Address:   yebsite Address	Mail Address: 10 CHARLES STR	EET PROVIDENCE, RI 02904		
Statutory Statement Contact: GEORGE J. BEDARD gebelsr@gleitedestaln.com	Primary Location of Books and	Records: 10 CHARLES STREET F	PROVIDENCE, RI 02904 401	-752-6000
Policyowner Relations Contact: 000-000-0000  OFFICERS  Name Title  1JOSEPHA MAGE PRESIDENT  2KATHRYNM, SHANLEY SECRETARY 3RICHARD A. FRITZ TITLE SURGENT  TITLE  1JOSEPHA MAGE PRESIDENT  2KATHRYNM, SHANLEY SECRETARY 3RICHARD A. FRITZ TITLESURER  VICE-Presidents  Name Title  Name Title  Name Fittle  Name Fittle  REGORY DUBLIC VP - UNDERWRITING RICHARD A. FRITZ VP - FINANCE  REGORY DUBLIC VP - ENTERNAL AFFIRS ANSELD PEZZULLO VP - SALES  STEPHEN J. SPERANDIO VP - OPERATIONS/ADMINISTRATION  DIRECTORS OR TRUSTEES  EDWARD ALMON MARIA M. ASCIOLLA DIMD PHILLIP C. BARNER DDS FRED K. BUTLER #  VINCENT DELINERO DAVID A. DUETY DONALD DIANAZZI PAUL A. MAGCODALD  VINCENT DELINERO PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD EDWIN J. SANTOS  Sales of _RRODE ISLAND  Sales of _RRODE	Internet Website Address:ww	w.deltadentalri.com		
Policyowner Relations Contact:  OFFICERS  Name  I. JOSEPHA MAGLE PRESIDENT  2. KATHEVI M. SHANLEY SECRETARY 3. RICHARD A FRITZ TREASURER  VICE-Presidents  VICE-Presidents  VICE-PRESIDENT  Name Title REGREGORYL DUBUC VP - UNDERWRITING RECHARD A FRITZ VP - FINANCE RATHEYN M. SHANLEY VP - EXTERNAL AFFAIRS ANGELO PEZZULLO VP - SALES  DIRECTORS OR TRUSTEES  EDWARD ALMON MARIA M. ASCIQUAL DMD PHILLIP C. BARNER DOS FRED K. BUTLER #  UNDERWRITED LINERO DAVID A. DUFFY DONALD INANAZI SHANLEY PATRICIA A. SULLIVAN LEGNARD C. TADDEL DMD EDWIN J. SANTOS  State of . RHODE ISLAND Country of PROVIDENCE STEPHEN J. SPERANDIC STEP	Statutory Statement Contact:	GEORGE J. BEDARD		401-752-6000
Name  Name  1JOSEPH A. NACLE		pbedard@deltadentalri.com		401-752-6070
Name   Title   PRESIDENT	Policyowner Relations Contact:	, 000-000-00	00	
1. JOSEPH A MIGLE SECRETARY 2. KATHERYN M. SHAMLEY SECRETARY 3. RICHARD A FRITZ TREASURER  VICE-Presidents  VICE-Presidents  VICE-Presidents  VICE-Presidents  VICE-PRESIDENT  Name Title  Name Title  GREGORY L. DUBUC VP UNDERWRITING RICHARD A FRITZ VP FINANCE  KATHERYNM. SHAWLEY VP EXTERNAL AFFAIRS ANGELO PEZZULLO VP SALES  STEPHEN J. SPERANDIO VP OPERATIONS/ADMINISTRATION  DIRECTORS OR TRUSTEES		OFFICE	:RS	
2 KATHRYN M. SHANLEY 3. RICHARD A. FRITZ  TREASURER  Vice-Presidents  Title  Name  Title  Name  Title  Name  Title  Name  Title  NAME  SECRETARY  VP - UNDERWRTING  RICHARD A. FRITZ  VP - FINANCE  KATHRYN M. SHANLEY  VP - DETRINAL AFRAIRS  ANGELO PEZZULLO  VP - SALES  DIRECTORS OR TRUSTEES  STEPHEN J. SPERANDIO  VP - OPERATIONS/ADMINISTRATION  DIRECTORS OR TRUSTEES  EDWARD ALMON  MARIA M. ASCIQULA DMD  PHILLIP C. BARNER, DDS  FRED K. BUTLER #  DONALD BANNAZZI  PALL A. MACDONALD  STEPHEN J. PUERINI, DMD  EDWIN J. SANTOS  S			Title	
Name   Title   Name   Title   Name   Title   Name   Title   Name   Title   Name   Title   Name   N	1. JOSEPH	A. NAGLE	PRESIDENT	
Name Title Name Name Name Name Name Name Name Nam	2. <u>KATHRY</u>	N M. SHANLEY	SECRETARY	
REGORPY L DUBBLE  RETHERN SHANLEY  VP - UNDERWRITING  RICHARD A. FRITZ  VP - SALES  VP - SALES  STEPHEN J. SPERANDIO  VP - OPERATIONS/ADMINISTRATION  DIRECTORS OF TRUSTEES  EDWARD ALMON  MARIA M. ASCIOLLA. DMD  PHILLIP C. BARNER. DDS  FRED K. BUTLER #  VINCENT DELNERO  JOAVID A. DUFFY  DONALD IANNAZZI  SANDRA PARRILLO  STEPHEN J. PUBRINI, DMD  EDWIN J. SANTOS  KARL SHERRY  PATRICIA A. SULLIVAN  LEONARD C. TADDEI, DMD  Side of _RHODE ISLAND  County of _PROYIDENCE	3. RICHARI	) A. FRITZ	TREASURER	
REGORPY L DUBBLE  RETHERN SHANLEY  VP - UNDERWRITING  RICHARD A. FRITZ  VP - SALES  VP - SALES  STEPHEN J. SPERANDIO  VP - OPERATIONS/ADMINISTRATION  DIRECTORS OF TRUSTEES  EDWARD ALMON  MARIA M. ASCIOLLA. DMD  PHILLIP C. BARNER. DDS  FRED K. BUTLER #  VINCENT DELNERO  JOAVID A. DUFFY  DONALD IANNAZZI  SANDRA PARRILLO  STEPHEN J. PUBRINI, DMD  EDWIN J. SANTOS  KARL SHERRY  PATRICIA A. SULLIVAN  LEONARD C. TADDEI, DMD  Side of _RHODE ISLAND  County of _PROYIDENCE				
GREGORY L DUBUC  VP - UNDERWRITING  ANGELO PEZZULLO  VP - SALES  ANGELO PEZZULLO  VP - SALES  DIRECTORS OR TRUSTEES  DAVID A DUFFY  DONALD IANNAZZI  PAUL A MACDONALD  WILLIAM A MEKRUT  SANDRA PABRILLO  STEPHEN J PUERINI, DMD  EDWIN J. SANTOS  KARL SHERRY  PATRICIA A SULLIVAN  LEONARD C. TADDEI, DMD  Sitele of RHODE ISLAND  County of PROVIDENCE  ss  The differes of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the berind described assets were the absolute property of the said reporting entity, free and clear from any liens or claims Thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and raffers of the size reporting entity series and recording remains therein on the reporting period stated above, all of the hore requested in the size reporting entity as the condition and raffers of the size reporting entity as the reporting period stated above, all of the ner request, that is are regulations required efferences in period predict, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) state law may offer or, (2) that state leaves regulations required efferences the period predict officers also includes the related corresponding electronic filing with the NAIC. Annual statement request, that is an exact copy (seeps file ferences the period predict officers also includes the related corresponding electronic filing with the NAIC Annual Statement required. The size required recovering period stated above, and of the necessed and procedures and procedures and procedures and procedures and procedures and proc	Ma			T:Al-
DIRECTORS OR TRUSTEES  EDWARD ALMON MARIA M. ASCIOLLA DMD PHILLIP C. BARNER, DDS FRED K. BUTLER #  VINCENT DELINERO DAVID A. DUFFY DONALD IANNAZZI PAUL M. MCDONALD  KARL SHERRY PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD  State of RHODE ISLAND DAVID A. PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD  State of PROVIDENCE S  The officers of his reporting entity being duly eworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any lies no relative that this statement, logether with leader exhibits, schedules and explanations therein containes therein on cleared to the lassets and liabilities and of the condition and affairs of the said reporting entity, free and clear from any lies nor claims thereion described above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any lies nor claims thereion, except as herein stated, and have been completed in accordance with the NAIC Annual Statement instructions and Accounting Practices and Procedures and except to the extent that (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers as all on related corresponding electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Rintel MAY)  (Printed Name)  1. 2. 2. 3. 3. PRESIDENT  SECRETARY  TREASURER  (Printed Name)  1. (Printed Name)  2. Date filled   Subscribed and sworn to before me this  2. Date filled				
DIRECTORS OR TRUSTEES  EDWARD ALMON MARIA M. ASCIOLLA DMD PHILIP C. BARNER, DDS FRED K. BUTLER #  VINCENT DELINERO DAVID A. DUFFY DONALD IANNAZZI PAUL A. MACDONALD WILLIAM A. MEKRUT SANDRA PARRILLO STEPHEN J. PUERINI, DMD EDWIN J. SANTOS  State of RHODE ISLAND County of PROVIDENCE: ss  The officers of this reporting entity being duly eworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herien described exhibits, schedules and explanations therein containsel, annexed or referred to, is a full and the satethernet of all the assets and have been completed in accordance with the NAC Annual Statement instructions and Accounting Practices and Procedures and evaluate instructions and Accounting Practices and Procedures annual except to the extent that (f) statement indicated with the schedules and explanations therein containsel, annexed or referred to, is a full and the satetism and have been completed in accordance with the NAC Annual Statement instructions and Accounting Practices and Procedures annual except to the extent that (f) state and have been completed in accordance with the NAC Annual Statement instructions and Accounting Practices and Procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestion by the described officers also includes the relieted corresponding electronic filing with the NAIC, when required, that is an exact copy (except to formating differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in fieu of or in addition to the enclosed statement.  (Signature) (Signatu	-			
EDWARD ALMON MARIA M. ASCIOLLA, DMD PHILLIP C. BARNER, DDS FRED K. BUTLER # VINCENT DELNERO DAVID A. DUFFY DONALD IANNAZZI PAUL A. MACDONALD  WILLIAM A. MEKRUT SANDRA PARRILLO STEPHEN J. PUERNIN, DMD EDWIN J. SANTOS  KARL SHERRY PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD  State of RHODE ISLAND County of PROVIDENCE s  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures amunal except to the extent that; (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures amunal except to the extent that; (1) state law may differ, expectively. Furthermore, the scope of this astestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  1. 1. 2. 3. 3. 3. 3. 3. 3. 3.			74140220 1 2220220	VI . O/IEEO
EDWARD ALMON MARIA M. ASCIOLLA, DMD PHILLIP C. BARNER, DDS FRED K. BUTLER # VINCENT DELNERO DAVID A. DUFFY DONALD IANNAZZI PAUL A. MACDONALD  WILLIAM A. MEKRUT SANDRA PARRILLO STEPHEN J. PUERNIN, DMD EDWIN J. SANTOS  KARL SHERRY PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD  State of RHODE ISLAND County of PROVIDENCE s  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures amunal except to the extent that; (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures amunal except to the extent that; (1) state law may differ, expectively. Furthermore, the scope of this astestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  1. 1. 2. 3. 3. 3. 3. 3. 3. 3.				
EDWARD ALMON MARIA M. ASCIOLLA, DMD PHILLIP C. BARNER, DDS FRED K. BUTLER # VINCENT DELNERO DAVID A. DUFFY DONALD IANNAZZI PAUL A. MACDONALD  WILLIAM A. MEKRUT SANDRA PARRILLO STEPHEN J. PUERNIN, DMD EDWIN J. SANTOS  KARL SHERRY PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD  State of RHODE ISLAND County of PROVIDENCE s  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures amunal except to the extent that; (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures amunal except to the extent that; (1) state law may differ, expectively. Furthermore, the scope of this astestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  1. 1. 2. 3. 3. 3. 3. 3. 3. 3.				
EDWARD ALMON MARIA M. ASCIOLLA, DMD PHILLIP C. BARNER, DDS FRED K. BUTLER # VINCENT DELNERO DAVID A. DUFFY DONALD IANNAZZI PAUL A. MACDONALD  WILLIAM A. MEKRUT SANDRA PARRILLO STEPHEN J. PUERNIN, DMD EDWIN J. SANTOS  KARL SHERRY PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD  State of RHODE ISLAND County of PROVIDENCE s  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures amunal except to the extent that; (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures amunal except to the extent that; (1) state law may differ, expectively. Furthermore, the scope of this astestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  1. 1. 2. 3. 3. 3. 3. 3. 3. 3.				
EDWARD ALMON MARIA M. ASCIOLLA, DMD PHILLIP C. BARNER, DDS FRED K. BUTLER # VINCENT DELNERO DAVID A. DUFFY DONALD IANNAZZI PAUL A. MACDONALD  WILLIAM A. MEKRUT SANDRA PARRILLO STEPHEN J. PUERNIN, DMD EDWIN J. SANTOS  KARL SHERRY PATRICIA A. SULLIVAN LEONARD C. TADDEI, DMD  State of RHODE ISLAND County of PROVIDENCE s  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures amunal except to the extent that; (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures amunal except to the extent that; (1) state law may differ, expectively. Furthermore, the scope of this astestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  1. 1. 2. 3. 3. 3. 3. 3. 3. 3.				
VINCENT DELNERO  DAVID A. DUFFY  SANDRA PARRILLO  STEPHEN J. PUERINI, DMD  EDWIN J. SANTOS  STEPHEN J. PUERINI, DMD  STEPHEN J. SANTOS  STEPHEN J. PUERINI, DMD  STEPHEN J. SANTOS  STEPHEN J. PUERINI, DMD  STEPHEN J. SANTOS  STEPHEN J. SANTOS  STEPHEN J. PUERINI, DMD  STEPHEN J. SANTOS  STEPHEN J. SANTOS  STEPHEN J. PUERINI, DMD  STEPHEN J. SANTOS  SANTOS  SANTOS  SANTOS  SANTOS  SANTOS  SANTOS  SANTOS  SANTOS		DIRECTORS OR	TRUSTEES	
WILLIAM A. MEKRUT  KARL SHERRY  PATRICIA A. SULLIVAN  LEONARD C. TADDEI, DMD  State of RHODE ISLAND. County of PROVIDENCE. ss  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clare from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that. (1) state law may differ, 0, (2) that state rules or requisitions require differences in reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and procedures manual except to the extent that. (1) state law may differ, 0, (2) that state rules or requisitions require differences in reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that. (1) state law may differ, 0, (2) that state rules or requisitions require differences in reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that. (1) state law may difference in				_
State of . RHODE ISLAND Country of PROVIDENCE ss The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and is income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ, (7) (2) that state rules or regulations require differences in reporting period stated above, and to accounting practices and procedures, according to the best of their information. Knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)				
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  (Title)  (Title)  (Title)  (Signature)  (Title)  (Description of the extent that: (1) state the amendment number and the enclosed statement to the extent that: (2) and the enclosed statement to the extent that: (3) and the enclosed statement to the extent that: (4) state the amendment number and the enclosed statement to the extent that: (5) and the enclosed statement to the e			· · · · · · · · · · · · · · · · · · ·	
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  (Title)  (Title)  (Title)  (Signature)  (Title)  (Description of the extent that: (1) state the amendment number and the enclosed statement to the extent that: (2) and the enclosed statement to the extent that: (3) and the enclosed statement to the extent that: (4) state the amendment number and the enclosed statement to the extent that: (5) and the enclosed statement to the e				
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  (Title)  (Title)  (Title)  (Signature)  (Title)  (Description of the extent that: (1) state the amendment number and the enclosed statement to the extent that: (2) and the enclosed statement to the extent that: (3) and the enclosed statement to the extent that: (4) state the amendment number and the enclosed statement to the extent that: (5) and the enclosed statement to the e				_
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  (Title)  (Title)  (Title)  (Signature)  (Title)  (Description of the extent that: (1) state the amendment number and the enclosed statement to the extent that: (2) and the enclosed statement to the extent that: (3) and the enclosed statement to the extent that: (4) state the amendment number and the enclosed statement to the extent that: (5) and the enclosed statement to the e				
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  (Title)  (Title)  (Title)  (Signature)  (Title)  (Description of the extent that: (1) state the amendment number and the enclosed statement to the extent that: (2) and the enclosed statement to the extent that: (3) and the enclosed statement to the extent that: (4) state the amendment number and the enclosed statement to the extent that: (5) and the enclosed statement to the e				
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  (Title)  (Title)  (Title)  (Signature)  (Title)  (Description of the extent that: (1) state the amendment number and the enclosed statement to the extent that: (2) and the enclosed statement to the extent that: (3) and the enclosed statement to the extent that: (4) state the amendment number and the enclosed statement to the extent that: (5) and the enclosed statement to the e	State of PHODE ISLAND			<u> </u>
above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.   (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Printed Name)  (Printed Name)  (Printed Name)  1.				
that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Printed Name)  (Title)  (Title)  (Title)  Subscribed and sworn to before me this  a. Is this an original filing?  YES [X] NO [ ]  12th day of MAY  , 2006  b. If no: 1. State the amendment number  2. Date filed				
and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.    (Signature)	that this statement, together with related ex	hibits, schedules and explanations therein con-	tained, annexed or referred to, is a full ar	nd true statement of all the assets and
law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.    (Signature)				
with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement.    Signature	law may differ; or, (2) that state rules or reg	ulations require differences in reporting not rela	ated to accounting practices and procedu	ures, according to the best of their
(Signature) (Signature) (Signature) (Signature) (Signature)  JOSEPH A. NAGLE KATHRYN M. SHANLEY RICHARD A. FRITZ  (Printed Name) (Printed Name) (Printed Name) 1. 2. 3. PRESIDENT SECRETARY TREASURER  (Title) (Title) (Title)  Subscribed and sworn to before me this a. Is this an original filing? YES [X] NO [ ]  1. State the amendment number 2. Date filed				
Subscribed and sworn to before me this   Secretary   Subscribed and sworn to before me this   Secretary   Secret	requested by various regulators in lieu of or	in addition to the enclosed statement.	· ·	• •
Subscribed and sworn to before me this   Secretary   Subscribed and sworn to before me this   Secretary   Secret				
(Printed Name)         (Printed Name)         (Printed Name)           1.         2.         3.           PRESIDENT         SECRETARY         TREASURER           (Title)         (Title)         (Title)           Subscribed and sworn to before me this         a. Is this an original filing?         YES [X] NO []           12th         day of         MAY         , 2006         b. If no:         1. State the amendment number           2. Date filed	(Signature)	(Signa	ature)	(Signature)
1. PRESIDENT         2. SECRETARY         3. TREASURER           (Title)         (Title)         (Title)           Subscribed and sworn to before me this         a. Is this an original filing?         YES [X] NO []           12th         day of         MAY         , 2006         b. If no:         1. State the amendment number           2. Date filed         2. Date filed				
(Title) (Title) (Title) (Title)  Subscribed and sworn to before me this a. Is this an original filing? YES [X] NO [ ]  12th day of MAY , 2006 b. If no: 1. State the amendment number	,			
Subscribed and sworn to before me this  a. Is this an original filing?  YES [X] NO [ ]  b. If no:  1. State the amendment number  2. Date filed	PRESIDENT	SEC SEC	RETARY	TREASURER
12th day of MAY , 2006 b. If no: 1. State the amendment number 2. Date filed	` '	(Titl	'	,
2. Date filed		2006	•	
	1201 uay UI <u>IVIA I</u>	, 2000		

#### **ASSETS**

		Cu	rrent Statement Da	te	
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	33,849,464		33,849,464	33,511,257
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	5,915,674		5,915,674	5,747,688
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	4.2 Properties held for the production of income (less \$				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 6,689,302 ), cash equivalents (\$ 0 )				
	and short-term investments (\$ 1,759,742 )	8,449,044		8,449,044	8,834,139
6.	Contract loans (including \$ 0 premium notes)	* * * * * * * * * * * * * * * * * * * *			
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	48,214,182		48,214,182	48,093,084
11.	Title plants less \$ 0 charged off (for Title insurers only)				
12.	Investment income due and accrued	451,259		451,259	424,289
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection	5,071,687		5,071,687	4,961,967
	13.2 Deferred premiums, agents' balances and installments booked but deferred and				
	not yet due (including \$ 0 earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans	801,079	56,312	744,767	719,707
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software		132,736		225,880
19.	Furniture and equipment, including health care delivery assets (\$ 0 )	293,217	293,217		
20.	Net adjustment in assets and liabilities due to foreign exchange rates  Receivables from parent, subsidiaries and affiliates	2 600 107	2 614 440	04.760	
21.		3,699,187	3,614,418	84,769	54,874
22.	Health care (\$ 0 ) and other amounts receivable  Aggregate write-ins for other than invested assets	406 677	402 207		د د
23. 24.	Aggregate write-ins for other than invested assets  Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell	496,677	493,307	3,370	3,370
۷٦.	Accounts (Lines 10 to 23)	59,367,711	4,589,990	54,777,721	54,483,171
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	33,307,711	4,509,990		34,403,17
26.	Total (Lines 24 and 25)	59,367,711	4,589,990	54,777,721	54,483,171
		00,007,771	1,000,000	1 01,111,121	1 01,100,171
	DETAILS OF WRITE-INS				
0004					
0901. 0902.					

DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301. OTHER AR & UTILITY DEPOSIT	3,370		3,370	3,370
2302. PREPAID EXPENSES	493,307	493,307		
2303.		l	l	
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	496,677	493,307	3,370	3,370

#### LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ 0 reinsurance ceded)	6,123,973		6,123,973	4,480,616
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	310,294		310,294	228,24
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	1,490,132		1,490,132	1,162,33
9.	General expenses due or accrued	4 094 589		4,094,589	3,731,92
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$ 0 on realized gains (losses))				
10.2	P. Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$ 0 current) and interest thereon				
	\$ 0 (including \$ 0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,542,717		1,542,717	2,132,90
16.	Payable for securities				
17.	Funds held under reinsurance treaties (with \$ 0 authorized				
	reinsurers and \$ 0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$ 0 current)	466,505		466,505	466,50
	Total liabilities (Lines 1 to 21)	14,028,210		14,028,210	12,202,52
23.	Aggregate write-ins for special surplus funds	XXX	XXX		
24.	Common capital stock	XXX	XXX		
25.	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus	XXX	XXX		
27.		XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX	8,030,120	8,475,36
29.	Unassigned funds (surplus)	XXX	XXX	32,719,391	33,805,28
30.	Less treasury stock, at cost:				
	30.1 0 shares common (value included in Line 24 \$ 0)	xxx	XXX		
	30.2 0 shares preferred (value included in Line 25 \$ 0 )	XXX	XXX		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	40,749,511	42,280,64
	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	54,777,721	54,483,17

DETAILS OF WRITE-INS				
2101. ADVANCE DEPOSITS	466,505		466,505	466,505
2102. 2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page				
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	466,505		466,505	466,505
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		
2801. STRATEGIC INVESTMENT RESERVE	XXX	XXX	8,030,120	8,475,361
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX	8,030,120	8,475,361

2901. ESTABLISHMENT OF DELTA DENTAL OF RI FUND

2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)

2902. 2903.

#### STATEMENT OF REVENUE AND EXPENSES

	Current Yea	r To Date	Prior Year To Date
	1	2	3
	Uncovered	Total	Total
1. Member Months	XXX	1,097,985	952,497
1. Welliber World's	XXX	1,007,000	302,431
Net premium income (including \$ 0 non-health premium income)	XXX	28,056,590	23,817,928
Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$ 0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues			
8. Total revenues (Lines 2 to 7)		28,056,590	23,817,928
Hospital and Medical:			
0 Haspital/modical banefits			
10. Other professional services		25,977,932	21,239,927
11 Outside referrals			
12. Emergency room and out-of-area	1		
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		25,977,932	21,239,927
Less:			
17. Net reinsurance recoveries		05 077 000	04 000 007
18. Total hospital and medical (Lines 16 minus 17)		25,977,932	21,239,927
19. Non-health claims (net)		4.040.050	4 227 042
20. Claims adjustment expenses, including \$ 200,815 cost containment expenses		1,348,656	1,337,013
21. General administrative expenses     22. Increase in reserves for life and accident and health contracts (including		2,261,181	1,948,030
O increase in recognition for life and A			
22 Tatal underwriting deductions (Lines 19 through 20)		29,587,769	24,524,970
24 Not underwriting gain or (loss) (Lines & minus 23)	V V V	(1,531,179)	(707,042
25. Net investment income earned		493,626	450,629
26. Net realized capital gains (losses) less capital gains tax of \$		493,020	430,023
27. Net investment gains (losses) (Lines 25 plus 26)		493.626	450,629
28. Net gain or (loss) from agents' or premium balances charged off [( amount		400,020	400,020
recovered \$ 0 ) (amount charged off \$ 0 )]			
29. Aggregate write-ins for other income or expenses		(125,000)	
30. Net income or (loss) after capital gains tax and before all other federal		(120,000)	
income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(1,162,553)	(256,413
31. Federal and foreign income taxes incurred	XXX	(1,102,000)	(200,410
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,162,553)	(256,413
		, , , ,	,
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	xxx		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
ידיסט. יסנמוס (בווופס וידיט ו נווויטעקיו וידיטס (ובווופ וידי מטטעפ)			

(125,000)

(125,000)

### STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year
CAPITAL & SURPLUS ACCOUNT	10 24.0	.0240	
33. Capital and surplus prior reporting year	42,280,644	36,659,144	36,659,144
34. Net income or (loss) from Line 32	1	(256,413)	5,002,585
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets			
40. Change in unauthorized reinsurance			
41. Change in treasury stock	I I		
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders	1		
47. Aggregate write-ins for gains or (losses) in surplus	l l		
48. Net change in capital and surplus (Lines 34 to 47)		(127,960)	5,621,500
49. Capital and surplus end of reporting period (Line 33 plus 48)	40,749,511	36,531,184	42,280,644
DETAILS OF WRITE-INS			
4701.			
4702.			
4703. 4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

#### **CASH FLOW**

Cash from Operations	1 Current Year To Date	2 Prior Year Ended December 31
Premiums collected net of reinsurance		94,942,450
Net investment income	500,238	1,963,740
3. Miscellaneous income		
4. Total (Lines 1 to 3)	28,774,909	96,906,190
5. Benefit and loss related payments	24,334,575	79,880,790
Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
<ul><li>7. Commissions, expenses paid and aggregate write-ins for deductions</li><li>8. Dividends paid to policyholders</li></ul>		12,921,037
9. Federal and foreign income taxes paid (recovered) \$ 0 net of tax on capital gains (losses)		
0. Total (Lines 5 through 9)	07 040 750	92,801,827
Net cash from operations (Line 4 minus Line 10)	1,125,153	4,104,363
Cash from Investments		
Proceeds from investments sold, matured or repaid:		
·	2,650,000	11.734.745
12.1 Bonds 12.2 Stocks		140,28
12.3 Mortgage loans 12.4 Real estate		
40 C. Olhan invested annula		
12.5 Other invested assets  12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Missellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,650,023	11,875,02
3. Cost of investments acquired (long-term only):	2,000,023	
13.1 Bonds	3,021,789	8,112,22
13.2 Stocks	441,806	1,132,913
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	2 462 505	9,245,13
4. Net increase (or decrease) in contract loans and premium notes		
5. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(813,572)	2,629,89
Cash from Financing and Miscellaneous Sources		
6. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	(000.070)	
16.6 Other cash provided (applied)  7. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(696,676)	372,36
7. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(696,676)	372,36
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
8. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(385,095)	7,106,617
9. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	8,834,139	1,727,522
19.2 End of period (Line 18 plus Line 19.1)	8,449,044	8,834,139
ote: Supplemental disclosures of cash flow information for non-cash transactions:		
0.0001.		
0.0002.		
0.0003.		

#### EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1			4	5	6	7	8	9	10	11	12	13
	•	Comprehensive (H		·	· ·				· ·			12	
		2	3	Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
1. Prior Year	322,989			****		322,989	* * * * * * * * * * * * * * * * * * * *		*****				
2. First Quarter	365,693			****		365,693	* * * * * * * * * * * * * * * * * * * *		*****				
3. Second Quarter	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			*********		******				
4. Third Quarter	* * * * * * * * * * * * * * * * * * * *			****					*****				
5. Current Year													
6. Current Year Member Months	1,097,985					1,097,985							
Total Member Ambulatory Encounters													
for Period:													
7. Physician	*****			****					*****	*****		*****	
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written	28,274,671					28,274,671							
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	28,056,590					28,056,590							
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision													
of Health Care Services	24,334,575					24,334,575							
18. Amount Incurred for Provision of													
Health Care Services	25,977,932					25,977,932							

7

### CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Account	1 - 30 Days	31 - 60 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	i otai
0399999 Aggregate accounts not individually listed - covered	4,390,776	725,482	451,170	205,208	351,337	6,123,973
0499999 Subtotals	4,390,776	725,482	451,170	205,208	351,337	6,123,973
		·	·			
0799999 Total claims unpaid				<u> </u>		6,123,973
					******	
						*****************
		• • • • • • • • • • • • • • • • • • • •				
		• • • • • • • • • • • • • • • • • • • •				
	*************	*******	*************		************	****
		***************************************				*****
	******	******			*****	*****
		• • • • • • • • • • • • • • • • • • • •				
		• • • • • • • • • • • • • • • • • • • •				
		*****				
0899999 Accrued medical incentive pool and bonus amounts						

### UNDERWRITING AND INVESTMENT EXHIBIT

#### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Clai Paid Yea		Liab End Current	d of	5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital and medical)						
Medicare Supplement     Dental only	3,264,724	21,069,851	516,002	5,607,972	3,780,726	4,480,616
4. Vision only 5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid  8. Other health						
9. Health subtotal (Lines 1 to 8)  10. Healthcare receivables (a)	3,264,724	21,069,851	516,002	5,607,972	3,780,726	4,480,616
11. Other non-health						
<ul><li>12. Medical incentive pools and bonus amounts</li><li>13. Totals</li></ul>	3,264,724	21,069,851	516,002	5,607,972	3,780,726	4,480,616

<sup>(</sup>a) Excludes \$ 0 Loans or advances to providers not yet expensed.

#### NOTES TO FINANCIAL STATEMENTS

#### GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

#### PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

	Did the reporting entity experience any material transa- with the State of Domicile, as required by the Model A	Act?	of Material Tra	ansactions				] No[X]
	If yes, has the report been filed with the domiciliary st	Yes [	] No [ ]					
	Has any change been made during the year of this stood the reporting entity?  If yes, date of change:	atement in the charter, by-laws, articles	ot incorporation	on, or deed o	or settlemen	I	Yes [	X ] No [ ] 05/02/2006
3.	Have there been any substantial changes in the organ	Yes [	] No [ X ]					
	If yes, complete the Schedule Y - Part 1 - organization Has the reporting entity been a party to a merger or colf yes, provide the name of entity, NAIC Company Cofor any entity that has ceased to exist as a result of the	onsolidation during the period covered b de, and state of domicile (use two letter					Yes [	] No[X]
	1	2	3		7			
	Name of Entity	NAIC Company Code	State of	Domicile	4			
					$\dashv$			
					4			
					_			
	If the reporting entity is subject to a management agreattorney-in-fact, or similar agreement, have there been principals involved?  If yes, attach an explanation.  State as of what date the latest financial examination State the as of date that the latest financial examination	n any significant changes regarding the of the reporting entity was made or is be on report became available from either t	terms of the a sing made. he state of do	greement or		entity.	Yes [	] No[ ] N/A[X]
C 2	This date should be the date of the examined balance	•	•					12/31/2002
6.3	State as of what date the latest financial examination domicile or the reporting entity. This is the release dat (balance sheet date).					nation		09/15/2004
6.4	By what department or departments? INSURANCE	DIVISION, DEPARTMENT OF BUSINE	SS REGULAT	ION, STATE	OF RHOD	DE ISLAND		
7.1	Has this reporting entity had any Certificates of Autho suspended or revoked by any governmental entity dur		corporate regis	stration, if ap	plicable)		Yes [	] No [X]
7.2	If yes, give full information							
	Is the company a subsidiary of a bank holding compa If response to 8.1 is yes, please identify the name of t						Yes [	] No [X]
	Is the company affiliated with one or more banks, thrif If response to 8.3 is yes, please provide below the na by a federal regulatory services agency [i.e. the Fede Office of Thrift Supervision (OTS), the Federal Depos and identify the affiliate's primary federal regulator.	mes and location (city and state of the nral Reserve Board (FRB), the Office of the	ne Comptrolle	r of the Curr	ency (OCC		Yes [	] No[X]
	1	2 Location	3	4	5	6	7	
	Affiliate Name	(City, State)	FRB	occ	OTS	FDIC	SEC	
-								
ŀ						<del> </del>		
Į								
ſ								
- }								
Į								
ſ								
- }						-		
ŀ								
ı								

Statement as of March 31, 2006 of the DELTA DENTAL OF RHODE ISLAND

# GENERAL INTERROGATORIES (Continued) FINANCIAL

Does the reporting entity report any a lf yes, indicate any amounts receivable			of this statement?	Yes[X] No[]
ir yes, indicate any amounts receivable	ile from parent included in tr	ne Page 2 amount:		\$
Has there been any change in the rep	porting entity's own preferre			Yes [ ] No [X]
If yes, explain				
Were any of the stocks, bonds, or oth			agreement, or otherwise made	V N
available for use by another person? If yes, give full and complete informat	ė ie a i			Yes [ ] No [X]
		1. '- O-1 I I- DA		
Amount of real estate and mortgages  Amount of real estate and mortgages				\$ \$
Does the reporting entity have any inv				Yes [X] No [ ]
If yes, please complete the following:		1	2	
		Prior Year-End Book/	Current Quarter	
14.21 Bonds		Adjusted Carrying Value \$	Statement Value	
14.22 Preferred Stock		\$ \$		
14.23 Common Stock 14.24 Short-Term Investments	S	\$ 4,335,260 \$ \$	3,981,024	
14.25 Mortgage Loans on Rea		\$ \$		
14.26 All Other 14.27 Total Investment in Pare	rent Subsidiaries and	\$ 3,354,495 \$	3,434,660	
Affiliates (Subtotal Lines	s 14.21 to 14.26)	\$ 7,689,755 \$	7,415,684	
14.28 Total Investment in Pare Lines 14.21 to 14.26 ab		\$ ¢		
	******	ΨΦ		
Has the reporting entity entered into a If yes, has a comprehensive description			ciliary state?	Yes [ ] No [ X ] Yes [ ] No [ ]
If no, attach a description with this sta	atement.			100[ ] 110[ ]
Excluding items in Schedule E, real e				
vaults or safety deposit boxes, were a to a custodial agreement with a qualif				
Safekeeping Agreements of the NAIC			.,	Yes [X] No [ ]
16.1 For all agreements that comply	with the requirements of the	ne NAIC Financial Condition Exam	miners Handbook, complete the fol	lowing:
1 Name of Ov			2	
Name of Cu	istodian(s)		Custodian Address	
Name of Cur BANK OF AMERICA	istodian(s)	222 WESTMINSTER		2903
	istodian(s)	222 WESTMINSTER ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02	2903
BANK OF AMERICA	stodian(s)		STREET PROVIDENCE, RI 02	2903
BANK OF AMERICA	istodian(s)		STREET PROVIDENCE, RI 02	2903
BANK OF AMERICA CITIZENS BANK		ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903	2903
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not	comply with the requiremer	ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903	2903
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and	comply with the requiremer	ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903  on Examiners Handbook,	2903
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not	comply with the requiremer	ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903	
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and	comply with the requiremer	ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903  on Examiners Handbook,	
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and	comply with the requiremer	ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903  on Examiners Handbook,	
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and	comply with the requiremer	ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903  on Examiners Handbook,	
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and	comply with the requiremer	ONE CITIZENS PLAZ	STREET PROVIDENCE, RI 02903  ZA PROVIDENCE, RI 02903  on Examiners Handbook,	
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)	comply with the requiremer a complete explanation:	one citizens plaz	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes,	comply with the requirement a complete explanation:	one citizens plaz	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan	
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)	comply with the requirement a complete explanation:	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in	comply with the requiremer a complete explanation:  including name changes, ir formation relating thereto:	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in	comply with the requirement a complete explanation:  including name changes, information relating thereto:	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in	comply with the requirement a complete explanation:  including name changes, information relating thereto:	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in	comply with the requirement a complete explanation:  including name changes, information relating thereto:	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in	comply with the requirement a complete explanation:  including name changes, information relating thereto:	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in	comply with the requirement a complete explanation:  including name changes, information relating thereto:	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  1 Old Custodian	comply with the requiremer a complete explanation:  including name changes, information relating thereto:  New Custodia	nts of the NAIC Financial Condition  2 Location(s)  n the custodian(s) identified in 16  an Date of Change  als acting on behalf of broker/dea	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  Old Custodian  16.5 Identify all investment advisors to the investment accounts, har	comply with the requiremer a complete explanation:  including name changes, information relating thereto:  New Custodia	als acting on behalf of broker/deauthority to make investments of beha	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason  Reason	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  Old Custodian  16.5 Identify all investment advisors to the investment accounts, hai	including name changes, information relating thereto:  2 New Custodia s, broker/dealers or individua ndle securities and have au	als acting on behalf of broker/deauthority to make investments on b	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason  Reason  Allers that have access behalf of the reporting entity:	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  Old Custodian  16.5 Identify all investment advisors to the investment accounts, har	including name changes, information relating thereto:  2 New Custodia s, broker/dealers or individua ndle securities and have au	als acting on behalf of broker/deauthority to make investments of beha	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason  Reason	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  Old Custodian  16.5 Identify all investment advisors to the investment accounts, hai	including name changes, information relating thereto:  2 New Custodia s, broker/dealers or individua ndle securities and have au	als acting on behalf of broker/deauthority to make investments on b	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason  Reason  Allers that have access behalf of the reporting entity:	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  Old Custodian  16.5 Identify all investment advisors to the investment accounts, hai	including name changes, information relating thereto:  2 New Custodia s, broker/dealers or individua ndle securities and have au	als acting on behalf of broker/deauthority to make investments on b	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason  Reason  Allers that have access behalf of the reporting entity:	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  Old Custodian  16.5 Identify all investment advisors to the investment accounts, hai	including name changes, information relating thereto:  2 New Custodia s, broker/dealers or individua ndle securities and have au	als acting on behalf of broker/deauthority to make investments on b	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason  Reason  Allers that have access behalf of the reporting entity:	ation(s)
BANK OF AMERICA CITIZENS BANK  16.2 For all agreements that do not provide the name, location and  1 Name(s)  16.3 Have there been any changes, 16.4 If yes, give full and complete in  Old Custodian  16.5 Identify all investment advisors to the investment accounts, hai	including name changes, information relating thereto:  2 New Custodia s, broker/dealers or individua ndle securities and have au	als acting on behalf of broker/deauthority to make investments on b	STREET PROVIDENCE, RI 02903  A PROVIDENCE, RI 02903  On Examiners Handbook,  Complete Explan  1 during the current quarter?  4 Reason  Reason  Allers that have access behalf of the reporting entity:	ation(s)

### SCHEDULE A - VERIFICATION Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Increase (decrease) by adjustment		
3.	Cost of acquired		
4.	Cost of additions to and permanent improvements  Total profit (loss) on sales		
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period		
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)		
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)		

### SCHEDULE B - VERIFICATION Mortgage Loans

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2.	Amount loaned during period:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

### SCHEDULE BA - VERIFICATION Other Invested Assets

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during period:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment  Total profit (loss) on sale		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)		

### SCHEDULE D - VERIFICATION Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	39,258,945	41,394,519
2.	Cost of bonds and stocks acquired	3,463,595	9,245,135
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	(307,379)	713,509
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal		1,767
7.	Consideration for bonds and stocks disposed of	2,650,023	11,875,026
8.	Amortization of premium		220,959
9.	Book/adjusted carrying value, current period	39,765,138	39,258,945
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	39,765,138	39,258,945
12.	Total nonadmitted amounts		
13.	Statement value	39,765,138	39,258,945

	1 Book / Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book / Adjusted Carrying Value End of First Quarter	6 Book / Adjusted Carrying Value End of Second Quarter	7 Book / Adjusted Carrying Value End of Third Quarter	8 Book / Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	31,224,172	4,781,986	1,400,000	(539,033)	34,067,125			31,224,172
2. Class 2	2,037,215		1,000,000	504,866	1,542,081	*************		2,037,215
3. Class 3	249,870		250,000	130				249,870
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	33,511,257	4,781,986	2,650,000	(34,037)	35,609,206			33,511,257
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	33,511,257	4,781,986	2,650,000	(34,037)	35,609,206			33,511,257

#### **SCHEDULE DA - PART 1**

#### **Short-Term Investments Owned End of Current Quarter**

		1	2	3	4	5
			_			Paid for Accrued
		Book/Adjusted		Actual	Interest Collected	Interest
		Carrying Value	Par Value	Cost	Year To Date	Year To Date
8299999	Totals	1,759,742	XXX	1.760.197		32.042

#### **SCHEDULE DA - PART 2 - VERIFICATION**

#### **Short-Term Investments Owned**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of short-term investments acquired	1,760,197	2,216,411
3.	Increase (decrease) by adjustment		
4.	Increase (decrease) by foreign exchange adjustment		
5.	Total profit (loss) on disposal of short-term investments		
6.	Consideration received on disposal of short-term investments		2,250,000
7.	Book/adjusted carrying value, current period	1,759,742	
8.	Total valuation allowance		
9.	Subtotal (Lines 7 plus 8)	1,759,742	
10.	Total nonadmitted amounts		
11.	Statement value (Lines 9 minus 10)	1,759,742	
12.	Income collected during period		33,589
13.	Income earned during period	4,840	33,589

#### SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

	Replicated (Synthetic) Assets Open										
	Replicated (S	Synthetic) Asset			Components of the Replicated (Synthetic) Asset						
1	2			5	Derivative Instrume	ents Open		C	Cash Instrument(s) Held	d	
Durther					6	7	8	9	10	11	12
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	Description	Fair Value	CUSIP	Description	Statement Value	Fair Value	NAIC Designation or Other Description
			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					
						* * * * * * * * * * * * * * * * * * * *					
* * * * * * * * * * * * * * * * * * * *											
						* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *	
<b>~</b>											
л					NONE						
						* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *	
						* * * * * * * * * * * * * * * * * * * *					
									* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
		I									
										* * * * * * * * * * * * * * * * * * * *	
									* * * * * * * * * * * * * * * * * * * *		
		I									
						* * * * * * * * * * * * * * * * * * * *					
			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					
_						1				L	

#### SCHEDULE DB - PART F - SECTION 2

#### Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second	Quarter	Third Quarter Fourth Quarter		Quarter	Quarter Year To Date		
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
Beginning Inventory										
Add: Opened or Acquired     Transactions										
3. Add: Increases in Replicated Asset Statement Value	XXX		XXX		XXX		XXX		XXX	
4. Less: Closed or Disposed of Transactions					NONE					
5. Less: Positions Disposed of for Failing Effectiveness				•	1011					
Criteria  6. Less: Decreases in Replicated (Synthetic) Asset										
Statement Value	XXX		XXX		xxx		xxx		XXX	
7. Ending Inventory										

### SCHEDULE S - CEDED REINSURANCE Showing All New Reinsurers - Current Year to Date

Life and Acruly - Nor-Affiliates  Accident and Health - Affiliates  Accident and Health - Nor-Affiliates  NONE	1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
Utilia and Annutry - Non-Affiliates  Accelent and Health - Non-Affiliates  NONE					
Utilia and Annutry - Non-Affiliates  Accelent and Health - Non-Affiliates  NONE					
Accept and health - Non-Altifales  NONE			Life and Annuity - Affiliates		
Accept and health - Non-Altifales  NONE					
Accept and health - Non-Altifales  NONE					
Accept and health - Non-Altifales  NONE					
NONE  NONE			Life and Annuity - Non-Affiliates		
NONE  NONE					
NONE  NONE					
NONE  NONE			Accident and Health - Affiliates		
NONE					
NONE					
NONE					
			Accident and Health - Non-Affiliates		
				<u></u>	
			······································	<del></del>	
	*****				
	*****				
					* * * * * * * * * * * * * * * * * * * *

#### SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

#### **Current Year to Date - Allocated by States and Territories**

				Direct Business Only Year To Date							
	State, Etc.	Guarar Fund (Yes or	Licensed	3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums		
1.	Alabama	AL NO							* * * * * * * * * * * * * * * * * * * *		
2.		AK NC									
3. 4.		AZ NO							* * * * * * * * * * * * * * * * * * * *		
5.		CA NO							* * * * * * * * * * * * * * * * * * * *		
6.		CO NO				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *				
7.		CT NC									
8.		DE NO									
9.		DC NC									
10. 11.		FL NO									
12.		HI NC		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *				
13.		ID NO									
14.		IL NO									
15.		IN NO									
16. 17.		IA NO									
18.		KY NO									
19.		LA NO									
20.		ME NO									
21.		MD NC							* * * * * * * * * * * * * * * * * * * *		
22. 23.		MA NO									
24.		MN NC									
25.	* * * * * * * * * * * * * * * * * * * *	MS NC									
26.		MO NO									
27.		MTNC									
28.		NE NO									
29. 30.		NY NO							* * * * * * * * * * * * * * * * * * * *		
31.		NJ NC							* * * * * * * * * * * * * * * * * * * *		
32.		NM NC					* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		
33.		NY NC									
34.		NC NC					* * * * * * * * * * * * * * * * * * * *				
35. 36.		ND NC									
37.		OH NO									
38.		OR NO									
39.	Pennsylvania	PA NO									
40.		RI NO		28,056,590			* * * * * * * * * * * * * * * * * * * *				
41. 42.		SC NO							* * * * * * * * * * * * * * * * * * * *		
43.		TN NC		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *				
44.		TX NC					* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		
45.		UT NC									
46.		VT. NO									
47. 48.		VA NO									
49.		WV NC							* * * * * * * * * * * * * * * * * * * *		
50.		WI NO									
51.	• • • • • • • • • • • • • • • • • • • •	WY NO							* * * * * * * * * * * * * * * * * * * *		
52.		AS NO									
53. 54.		GU NO PR NO									
54. 55.		PR NO VI NO									
56.		MP NC									
57.	Canada	CN NC	) NO								
58.	00 0	OT XX									
59.	Subtotal	X X X	X X X X	28,056,590							
60.	Reporting entity contributions for Employee Benefit Plans	XXX	x xxx	1							
61.	Total (Direct Business)	XXX		28,056,590							
_		,	1377				ı				

DETAILS OF WRITE-INS			
5801.			
5802.		 	
5803.	 	 	 
5898. Summary of remaining write-ins for Line 58 from overflow page 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)			
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)			

<sup>(</sup>a) Insert the number of yes responses except for Canada and other Alien.

Statement as of March 31, 2006 of the DELTA DENTAL OF RHODE ISLAND

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

1571	DELTA DENTAL OF RHODE ISLAND	55301	RI	05-0296998	DELTA DENTAL OF RHODE ISLAND
1571	DELTA DENTAL OF RHODE ISLAND	52632	RI	05-0153223	ALTUS DENTAL INSURANCE COMPANY INC

#### **OVERFLOW PAGE FOR WRITE-INS**

2	3 State	Date Acquired			Amount of	Carrying Value	Additions and
	State	Date Acquired			Amount of	1	
Description of Droporty	State		Nome of Vander	Actual Coot	Engumbrances	Less	Permanent
Description of Property City		Date Acquired	Name of Vendor	Actual Cost	Encumbrances	Effcumbrances	improvements
					* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
						* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
						* * * * * * * * * * * * * * * * * * * *	
		·   · · · · · · · · · · · · · · · · · ·					* * * * * * * * * * * * * * * * * * * *
							* * * * * * * * * * * * * * * * * * * *
						* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
						* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
						* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *

#### **SCHEDULE A - PART 3**

Showing All Real Estate SOLD During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1	Location		4	5	6	7	8	9 Expended for	10	11	12	13	14	15	16
Description of Property	2 City	3 State	Disposal Date	Name of Purchaser	Actual Cost	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
															* * * * * * * * * * * * * * * * * *
															* * * * * * * * * * * * * * * * * * * *
															* * * * * * * * * * * * * * * * * * * *
							<b>N N I I I I</b>								
				* * * * * * * * * * * * * * * * * * * *			JIN E···					* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
	* * * * * * * * * * * * * * * * * * * *											* * * * * * * * * * * * * * * * * * * *			
	* * * * * * * * * * * * * * * * * * * *											* * * * * * * * * * * * * * * * * * * *			
				* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
				* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *			
				* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
				* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *

#### Showing All Mortgage Loans ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12
Loan Number	2 City	3 State	Loan Type	Actual Cost	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Value of Land and Buildings	Date of Last Appraisal or Valuation
			7.		·			, ,		, ,	
								* * * * * * * * * * * * * * * * * * * *			
					MANIE						
							* * * * * * * * * * * * * * * * * * * *				
<u> </u>											

#### **SCHEDULE B - PART 2**

#### Showing All Mortgage Loans SOLD, Transferred or Paid in Full During the Current Quarter

1	Locati	ion	4	5	6	7	. 8	9	10	11	12	13
Loan Number	2 City	3 State	Loan Type	Date Acquired	Investment Excluding Accrued Interest Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Investment Excluding Accrued Interest at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale
		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		B. I. A.					* * * * * * * * * * * * * * * * * * * *		
		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			) <b>                                    </b>	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
			* * * * * * * * * * * * * * * * * * * *		······································	/ 1 · <b>T</b>						
			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
	* * * * * * * * * * * * * * * * * * * *											
			* * * * * * * * * * * * * * * * * * * *								* * * * * * * * * * * * * * * * * * * *	

#### **SCHEDULE BA - PART 1**

#### Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13	14	15	16
CUSIP Ident- ification	Name or Description	3 City	4 State	Name of Vendor or General Partner	NAIC Desig- nation	Date Originally Acquired	Type and Strategy	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Commitment for Additional Investment	Percentage of Ownership
* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *						
							UNI								
* * * * * * * * * * * * * * * * * * * *															
											* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		
									* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
* * * * * * * * * * * * * * * * * * * *					* * * * * * * *	* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *				
<b>n</b>															
> <u> </u>															

#### **SCHEDULE BA - PART 2**

#### Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	2	Location		5	6	7	. 8	9	10	11	12	13	14	15
CUSIP Ident- ification	Name or Description	3 City	4 State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Book/Adjusted Carrying Value Less Encumbrances Prior Year	(Decrease) by Adjustment	(Decrease) by Foreign Exchange Adjustment	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration Received	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
					* * * * * * * * * * * * *									
	**************				* * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *					
						· · · · · · · · · · · · · · · · · · ·								
					* * * * * * * * * * * * *	-NUN		* * * * * * * * * * * * * * * * * * * *						
					* * * * * * * * * * * * *									
	***************************************				* * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *					
									* * * * * * * * * * * * * * * * * * * *					
					* * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *						
					* * * * * * * * * * * * *									
					* * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *						
* * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *	

#### **SCHEDULE D - PART 3**

#### Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

4	,		4			7			40
1	2	3	4	5	6 Number	7	8	9 Doid for	10
011015					Number			Paid for	NAIC Designation
CUSIP					of Shares			Accrued Interest	or Market
Identification	Description	Foreign	Date Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	and Dividends	Indicator (a)
59M-ZZ-9	FEDERAL NATIONAL MORTGAGE ASSOCIATION		01/23/2006	CITIZENS BANK		500,000	500,000.00		1FE
331V-PG-5	FEDERAL FARM CREDIT BANKS		01/30/2006	CITIZENS BANK		500,000	500,000.00		1FE
3XE-FV-6	FEDERAL HOME LOAN BANKS		02/06/2006	CITIZENS BANK		500,000	500,000.00		1FE
33XE-K2-4	FEDERAL HOME LOAN BANKS		02/13/2006	CITIZENS BANK		500,000	500,000.00	* * * * * * * * * * * * * * * * * * * *	1FE
33XE-LC-1	FEDERAL HOME LOAN BANKS	*********	02/14/2006	CITIZENS BANK		500,000	500,000.00	* * * * * * * * * * * * * * * * * * * *	1FE
					* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	***********
199999	Total Bonds Special Revenue and Special Assessment Obligations			1	XXX	2,500,000	2,500,000.00		XXX
934T-AR-2	MONEY STORE INC SB NT		03/29/2006	CITIZENS BANK		521,789	500,000.00	13,250	 
1041-AK-2	IMONET STORE INC SB NT	* * * * * * * * * * * * * * * * * * * *	03/29/2000	CITIZENS DAIN		521,709	500,000.00	13,230	.!Г. <del>Г.</del>
599999	Total Bonds Industrial and Miscellaneous			-	XXX	521,789	500,000.00	13,250	XXX
00007	Total Panda Part 2				XXX	3.021.789	2 000 000 00	13,250	XXX
)99997	Total Bonds Part 3				* * * *	3,021,789	3,000,000.00	13,250	* * * *
099998	Summary Item from Part 5 for Bonds				XXX	XXX	XXX	XXX	XXX
99999	Total Bonds				XXX	3,021,789	3,000,000.00	13,250	XXX
	Total Bondo				XXX	0,021,100	0,000,000.00	10,200	XXX
1287-23-4	ISHARES MSCI EMERGING MKTS		01/19/2006	CITIZENS BANK	550.000	52,107			L
4287-46-5	ISHARES TR MSCI EAFE IDX		01/19/2006	CITIZENS BANK	1,300.000	80,703		* * * * * * * * * * * * * * * * * * * *	1
5635-10-3	MIDCAP SPDR TRUST SERIES 1		01/19/2006	CITIZENS BANK	650.000	90,916		* * * * * * * * * * * * * * * * * * * *	I
4287-23-4	ISHARES MSCI EMERGING MKTS		02/15/2006	CITIZENS BANK	515.000	49,637			
4287-46-5	ISHARES TR MSCI EAFE IDX		02/15/2006	CITIZENS BANK	1,300.000	80,210		* * * * * * * * * * * * * * * * * * * *	<del>                                    </del>
5635-10-3	IMIDCAP SPDR TRUST SERIES 1	* * * * * * * * * * * * * * * * * * * *	02/15/2006	CITIZENS BANK	635.000	88,233			<u> -</u>
JOSS-10-S	IMIDUAL SEDICITION SERVES I		02/13/2000	CITIZENO DANK	033.000	00,233			L
399999	Total Common Stock Industrial and Miscellaneous			1	XXX	441,806	XXX		XXX
299997	Total Common Stock Part 3				XXX	441.806	XXX		XXX
233331	Total Common Stock Fait 5					441,000	***		***
299998	Summary Item from Part 5 for Common Stocks			-	XXX	XXX	XXX	XXX	XXX
299999	Total Common Stock				XXX	441,806	XXX		XXX
299999	Total Common Stock				^^^	441,000	^^^		
399999	Total Preferred and Common Stock		-	1	XXX	441,806	XXX		XXX
* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *							
		***************************************				*****		******	
99999	Totals		1	1		3.463.595	XXX	13.250	XXX
200000	ck bearing the NAIC market indicator "U" provide: the number of such issi	ues 0				3,403,393	^^^	13,230	^

#### SCHEDULE D - PART 4

#### Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10			ook/Adjusted C			16	17	18	19	20	21	22
OHOID		F o r e			Number of				Prior Year Book/	11 Unrealized	12 Current Year's	13 Current Year's Other Than	14 Total Change	15 Total Foreign	Book/ Adjusted Carrying	Foreign Exchange	Realized	Total	Bond Interest/ Stock Dividends		NAIO Desi natio or
CUSIP Ident-		İ	Diseased	Name of	Shares	Ormald	Par	Astrol	Adjusted	Valuation	(Amort-	Temporary	in	Exchange	Value at	Gain	Gain	Gain	Received	Material	Marke
ification	Description	g	Disposal Date	Name of Purchaser	of Stock	Consid- eration	Value	Actual Cost	Carrying Value	Increase/ (Decrease)	ization)/ Accretion	Impairment Recognized	B./A.C.V. (11+12-13)	Change in B./A.C.V.	Disposal Date	(Loss) on Disposal	(Loss) on Disposal	(Loss) on Disposal	During Year	Maturity Date	Indica (a)
ilication	Description	"	Date	i dicilasei		eration	value	Cost	value	(Decrease)	Accietion	rtecognized	(11112-10)		Date	Disposai	Бізрозаі	Бізрозаі	Teal	Date	+ (a)
345397-NK-5	FORD MOTOR CR CO		01/09/2006	CITIZENS BANK		250,000	250,000.00	243,588	249,870		130		130		250,000			* * * * * * * * * * * * * * * * * * * *	7,656	01/09/2006	6 3FE
233835-AN-7	DAIMLER CHRYSLER NORTH AM		01/18/2006	CITIZENS BANK		750,000	750,000.00	753,659	750,041		(41)		(41)		750,000				27,188	01/18/2006	6 2FE
718154-CA-3	PHILIP MORRIS COS INC		02/01/2006	CITIZENS BANK		250,000	250,000.00	244,455	249,894		106		106		250,000	1			7,969	02/01/2006	3 2FE
06423A-AM-5	BANK ONE CORP		02/01/2006	CITIZENS BANK		250,000	250,000.00	256,257	250,127		(127)		(127)		250,000				8,125		
882508-AH-7	TEXAS INSTRS INC		02/01/2006	CITIZENS BANK		400,000	400,000.00	406,000	399,861		139		139		400,000				12,250	02/01/2006	
524908-BY-5	LEHMAN BROS HLDGS INC		02/05/2006	CITIZENS BANK		250,000	250,000.00	250,888	250,019		(19)		(19)		250,000				8,281	02/05/2006	
337358-BE-4	FIRST UN CORP		03/15/2006	CITIZENS BANK		250,000	250,000.00	259,813	250,464		(464)		(464)		250,000				8,750		
423328-BS-1	HELLER FINANCIAL INC		03/15/2006	CITIZENS BANK		250,000	250,000.00	255,322	250,262		(262)		(262)		250,000				7,969	03/15/2006	6 11FE
4599999	Subtotal - Bonds - Industrial and Miscellaneo	L ous			XXX	2,650,000	2,650,000.00	2,669,982	2,650,538		(538)		(538)		2,650,000		<del>                                     </del>		88,188	XXX	XXX
																					1
4699999	Subtotal - Bonds - Credit Tenant Loans				XXX															XXX	XXX
6099997	Subtotal - Bonds - Part 4	_			XXX	2,650,000	2,650,000.00	2,669,982	2,650,538		(538)		(538)		2,650,000	<u> </u>			88,188	XXX	XXX
																			<u> </u>		1,,,,,
6099998	Summary Item from Part 5 for Bonds	_			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6099999	Total Bonds				XXX	2,650,000	2,650,000.00	2,669,982	2,650,538		(538)		(538)		2,650,000	<del></del>	<u> </u>		88,188	XXX	XXX
0099999	Total Bollus				^^^	2,030,000	2,050,000.00	2,009,902	2,030,336		(556)		(556)		2,030,000		<del></del>		00,100		+^^
060505-10-4	BANK OF AMERICA CORP		01/20/2006	CITIZENS BANK	0.495	23		23	23						23						<u> </u>
6899999	Subtotal - Common Stock - Industrial and Mi	scella	aneous		XXX	23	XXX	23	23						23					XXX	XXX
									-												_
7299997	Subtotal - Common Stock - Part 4				XXX	23	XXX	23	23						23					XXX	XXX
7000000	O				VVV	V V V	VVV	V V V	V V V	V V V	VVV	V V V	V V V	VVV	V V V	VVV	V V V	V V V		VVV	<del></del>
7299998	Summary Item from Part 5 for Common Stor	CKS			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7299999	Total Common Stock	_			XXX	23	XXX	23	23		-				23		<del></del>		$\vdash$	XXX	XXX
1255555	Total Common Stock				XXX	23	***	20	25						25		+		+		+^^^
7399999	Total Preferred and Common Stock	_			XXX	23	XXX	23	23						23				<del>                                     </del>	XXX	XXX
						I															
						l									l	1					. [
				************																	
				*****																	
						1				1	1	1	1			l .	1	1			
7499999	Totals	-				2,650,023	XXX	2,670,005	2,650,561		(538)		(538)		2,650,023				88,188	XXX	XXX

#### Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Number of Contracts	Date of Maturity,	Strike			Cost/					Year to Date Increase/	Used to Adjust	Other Investment/
	or Notional	Expiry, or	Price, Rate	Date of	Exchange or	Option	Book		Statement	Fair	(Decrease) by	Basis of	Miscellaneous
Description	Amount	Settlement	or Index	Acquisition	Counterparty	Premium	Value	*	Value	Value	Adjustment	Hedged Item	Income
						······································							
											* * * * * * * * * * * * * * * * * * * *		
													*****
<u> </u>											<u> </u>		

#### **SCHEDULE DB - PART B - SECTION 1**

#### Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1	2 Number of	3 Date of	4	5	6	7	8	9	10	11	12 Year to Date	13	14 Other
Description	Contracts or Notional Amount	Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Increase/ (Decrease) by Adjustment	Used to Adjust Basis	Investment/ Miscellaneous Income
		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				* * * * * * * *					
						NON							
				* * * * * * * * * * * * * * * * * * * *									
				* * * * * * * * * * * * * * * * * * * *									
				* * * * * * * * * * * * * * * * * * * *									
								* * * * * * *					

#### **SCHEDULE DB - PART C - SECTION 1**

#### Showing all Collar, Swap and Forwards Open at Current Statement Date

1	2 Notional	Date of Maturity, Expiry, or	4 Strike Price, Rate or	5 Date of Opening Position or	6 Exchange or	7  Cost or  (Consideration	8 Book	9	10 Statement	11 Fair	12 Year to Date Increase/ (Decrease)	13 Used to Adjust Basis of	14 Other Investment/ Miscellaneous	15 Potential
Description	Amount	Settlement	Index Rec (Pay)	Agreement	Counterparty	Received)	Value	*	Value	Value	by Adjustment	Hedged Item	Income	Exposure
								* * * * * * *			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
									* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
			* * * * * * * * * * * * * * * * * * * *				* * * * * * * * * * * * * * * * * * * *	* * * * * * *				* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
								* * * * * * *				* * * * * * * * * * * * * * * * * * * *		
								* * * * * * *			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
						- <b>N</b> I/-3-NI		* * * * * * *				* * * * * * * * * * * * * * * * * * * *		

#### SCHEDULE DB - PART D - SECTION 1

#### Showing all Futures Contracts and Insurance Futures Contracts Open at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information		n	13
									10	11	12	
						Date of	Exchange			Used to Adjust		
	Number of	Maturity	Original	Current	Variation	Opening	or	Cash		Basis of		Potential
Description	Contracts	Date	Value	Value	Margin	Position	Counterparty	Deposit	Recognized	Hedged Item	Deferred	Exposure
				* * * * * * * * * * * * * * * * * * * *								*****
						<b>N</b> – · · · · ·						
				* * * * * * * * * * * * * * * * * * * *								
				* * * * * * * * * * * * * * * * * * * *								
				* * * * * * * * * * * * * * * * * * * *								
				* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *		

#### **SCHEDULE E - PART 1 - CASH**

#### **Month End Depository Balances**

1		3	4 Amount of Interest	5 Amount of Interest	Book Balance at End of Each Month During Current Quarter			
D Tu	0.4	Rate of	Received During Current	Accrued at Current	6 5	7	8 Third Marth	*
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	_ ^
Open Depositories         BANK OF AMERICA - CN - 0106906010         PROV, RI 02903           BANK OF AMERICA - OP - 0106905921         PROV, RI 02903           BANK OF AMERICA - CL - 0106905939         PROV, RI 02903           CITIZENS BANK - MM - 1050060172         PROV, RI 02903           CITIZENS BANK - MM - 1011032         PROV, RI 02903           CITIZENS BANK - MM - 1011308         PROV, RI 02903			82,570 4,518 19,050		3,041,118 (255,000) (5,590,037) 7,568,314 265,692 2,999,646	2,814,251 (298,407) (5,381,823) 8,716,579 249,850 1,510,967	3,551,407 (250,000) (5,314,825) 6,932,862 252,778 1,516,830	
0199998 Deposits in ( 0 ) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	. X X X .	XXX						. X X X .
0199999 Total - Open Depositories	XXX	XXX	106,138		8,029,733	7,611,417	6,689,052	XXX
Suspended Depositories  0299998 Deposits in ( 0 ) depositories that do not exceed the allowable limit in any one depository	XXX	XXX						XXX
(see Instructions) - Suspended Depositories 0299999 Total Suspended Depositories	XXX	XXX						XXX
			100,100		2 222 722	- 044 44-	2 222 252	
0399999 Total Cash on Deposit	XXX	XXX	106,138		8,029,733	7,611,417	6,689,052	
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	250	250	250	XXX
0599999 Total	XXX	XXX	106,138		8,029,983	7,611,667	6,689,302	

#### SCHEDULE E - PART 2 - CASH EQUIVALENTS

#### **Show Investments Owned End of Current Quarter**

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Gross Investment Income
* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *					
* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			
* * * * * * * * * * * * * * * * * * * *					* * * * * * * * * * * * * * * * * * * *			
			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			
				· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *			
		* * * * * * * * * *						
			* * * * * * * * * * * * * * * * * * * *					*************
			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			
			* * * * * * * * * * * * * * * * * * * *					
			* * * * * * * * * * * * * * * * * * * *					
						* * * * * * * * * * * * * * * * * * * *		
								* * * * * * * * * * * * * * * * * * * *
			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			
			* * * * * * * * * * * * * * * * * * * *					
			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *
								****